

**California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form  
Statewide, County and Hospital of Occurrence by Infant Race/Ethnicity: 2004**

	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
State	CALIFORNIA	African-American	26,141	18,314	7,981	70.1	30.5
State	CALIFORNIA	American Indian	542	415	249	76.6	45.9
State	CALIFORNIA	Asian	43,553	36,557	17,422	83.9	40.0
State	CALIFORNIA	Hispanic	270,248	225,842	78,303	83.6	29.0
State	CALIFORNIA	Multi-Race/Other	31,438	26,345	16,127	83.8	51.3
State	CALIFORNIA	Pacific Islander	788	538	216	68.3	27.4
State	CALIFORNIA	White	144,335	125,905	89,126	87.2	61.8
State	CALIFORNIA	Missing	4,514	3,537	2,014	78.4	44.6
State	CALIFORNIA	<b>TOTAL</b>	521,559	437,453	211,438	83.9	40.5
County	RIVERSIDE	African-American	1,087	748	361	68.8	33.2
County	RIVERSIDE	American Indian	29	19	11	*	*
County	RIVERSIDE	Asian	461	392	230	85.0	49.9
County	RIVERSIDE	Hispanic	14,874	12,079	5,532	81.2	37.2
County	RIVERSIDE	Multi-Race/Other	909	751	502	82.6	55.2
County	RIVERSIDE	Pacific Islander	29	18	5	*	*
County	RIVERSIDE	White	6,594	5,382	4,001	81.6	60.7
County	RIVERSIDE	Missing	193	151	68	78.2	35.2
County	RIVERSIDE	<b>TOTAL</b>	24,176	19,540	10,710	80.8	44.3
Facility	CORONA REGIONAL MEDICAL CENTER	African-American	36	29	14	80.6	*
Facility	CORONA REGIONAL MEDICAL CENTER	Asian	54	50	27	92.6	50.0
Facility	CORONA REGIONAL MEDICAL CENTER	Hispanic	1,208	1,085	684	89.8	56.6
Facility	CORONA REGIONAL MEDICAL CENTER	Multi-Race/Other	107	96	65	89.7	60.8
Facility	CORONA REGIONAL MEDICAL CENTER	White	398	345	278	86.7	69.9
Facility	CORONA REGIONAL MEDICAL CENTER	<b>TOTAL</b>	1,807	1,609	1,070	89.0	59.2
Facility	DESERT REGIONAL MEDICAL CENTER	African-American	78	47	22	60.3	28.2
Facility	DESERT REGIONAL MEDICAL CENTER	Asian	42	37	12	88.1	*
Facility	DESERT REGIONAL MEDICAL CENTER	Hispanic	2,154	1,720	616	79.9	28.6
Facility	DESERT REGIONAL MEDICAL CENTER	Multi-Race/Other	124	107	53	86.3	42.7
Facility	DESERT REGIONAL MEDICAL CENTER	White	824	664	389	80.6	47.2
Facility	DESERT REGIONAL MEDICAL CENTER	<b>TOTAL</b>	3,246	2,594	1,101	79.9	33.9
Facility	HEMET VALLEY MEDICAL CENTER	African-American	25	17	5	*	*
Facility	HEMET VALLEY MEDICAL CENTER	Hispanic	632	537	211	85.0	33.4
Facility	HEMET VALLEY MEDICAL CENTER	Multi-Race/Other	38	24	13	63.2	*
Facility	HEMET VALLEY MEDICAL CENTER	White	319	220	139	69.0	43.6

**California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form  
Statewide, County and Hospital of Occurrence by Infant Race/Ethnicity: 2004**

	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
Facility	HEMET VALLEY MEDICAL CENTER	<b>TOTAL</b>	1,036	812	379	78.4	36.6
Facility	INLAND VALLEY REGIONAL MEDICAL CENTER	African-American	25	21	15	84.0	*
Facility	INLAND VALLEY REGIONAL MEDICAL CENTER	Asian	25	23	17	92.0	*
Facility	INLAND VALLEY REGIONAL MEDICAL CENTER	Hispanic	509	452	350	88.8	68.8
Facility	INLAND VALLEY REGIONAL MEDICAL CENTER	Multi-Race/Other	87	77	63	88.5	72.4
Facility	INLAND VALLEY REGIONAL MEDICAL CENTER	White	760	659	588	86.7	77.4
Facility	INLAND VALLEY REGIONAL MEDICAL CENTER	<b>TOTAL</b>	1,419	1,243	1,041	87.6	73.4
Facility	JOHN F KENNEDY MEMORIAL HOSPITAL	Hispanic	2,506	1,938	910	77.3	36.3
Facility	JOHN F KENNEDY MEMORIAL HOSPITAL	White	297	244	169	82.2	56.9
Facility	JOHN F KENNEDY MEMORIAL HOSPITAL	Missing	44	33	15	75.0	*
Facility	JOHN F KENNEDY MEMORIAL HOSPITAL	<b>TOTAL</b>	2,895	2,248	1,114	77.7	38.5
Facility	KAISER-RIVERSIDE	African-American	199	158	105	79.4	52.8
Facility	KAISER-RIVERSIDE	Asian	109	102	70	93.6	64.2
Facility	KAISER-RIVERSIDE	Hispanic	1,438	1,222	838	85.0	58.3
Facility	KAISER-RIVERSIDE	Multi-Race/Other	206	184	138	89.3	67.0
Facility	KAISER-RIVERSIDE	White	1,129	1,002	817	88.8	72.4
Facility	KAISER-RIVERSIDE	<b>TOTAL</b>	3,106	2,689	1,977	86.6	63.7
Facility	MORENO VALLEY COMMUNITY HOSPITAL	African-American	177	117	50	66.1	28.3
Facility	MORENO VALLEY COMMUNITY HOSPITAL	Asian	31	22	11	71.0	*
Facility	MORENO VALLEY COMMUNITY HOSPITAL	Hispanic	875	731	235	83.5	26.9
Facility	MORENO VALLEY COMMUNITY HOSPITAL	Multi-Race/Other	27	20	7	74.1	*
Facility	MORENO VALLEY COMMUNITY HOSPITAL	White	138	102	56	73.9	40.6
Facility	MORENO VALLEY COMMUNITY HOSPITAL	Missing	25	20	7	80.0	*
Facility	MORENO VALLEY COMMUNITY HOSPITAL	<b>TOTAL</b>	1,276	1,014	366	79.5	28.7
Facility	PARKVIEW COMMUNITY HOSP MED CENTER	African-American	68	50	25	73.5	36.8
Facility	PARKVIEW COMMUNITY HOSP MED CENTER	Hispanic	1,066	868	458	81.4	43.0
Facility	PARKVIEW COMMUNITY HOSP MED CENTER	Multi-Race/Other	37	22	14	59.5	*
Facility	PARKVIEW COMMUNITY HOSP MED CENTER	White	315	248	195	78.7	61.9
Facility	PARKVIEW COMMUNITY HOSP MED CENTER	<b>TOTAL</b>	1,523	1,215	712	79.8	46.8
Facility	RANCHO SPRINGS MEDICAL CENTER	African-American	39	35	31	89.7	79.5
Facility	RANCHO SPRINGS MEDICAL CENTER	Asian	60	52	41	86.7	68.3
Facility	RANCHO SPRINGS MEDICAL CENTER	Hispanic	647	582	479	90.0	74.0

**California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form  
Statewide, County and Hospital of Occurrence by Infant Race/Ethnicity: 2004**

	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
Facility	RANCHO SPRINGS MEDICAL CENTER	Multi-Race/Other	67	60	55	89.6	82.1
Facility	RANCHO SPRINGS MEDICAL CENTER	White	905	791	724	87.4	80.0
Facility	RANCHO SPRINGS MEDICAL CENTER	<b>TOTAL</b>	1,734	1,533	1,340	88.4	77.3
Facility	RIVERSIDE COMMUNITY HOSPITAL	African-American	180	135	61	75.0	33.9
Facility	RIVERSIDE COMMUNITY HOSPITAL	Asian	65	49	22	75.4	33.9
Facility	RIVERSIDE COMMUNITY HOSPITAL	Hispanic	1,634	1,278	485	78.2	29.7
Facility	RIVERSIDE COMMUNITY HOSPITAL	Multi-Race/Other	142	119	77	83.8	54.2
Facility	RIVERSIDE COMMUNITY HOSPITAL	White	1,066	851	563	79.8	52.8
Facility	RIVERSIDE COMMUNITY HOSPITAL	Missing	26	19	8	*	*
Facility	RIVERSIDE COMMUNITY HOSPITAL	<b>TOTAL</b>	3,118	2,456	1,217	78.8	39.0
Facility	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	African-American	222	120	25	54.1	11.3
Facility	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	Asian	25	15	*	*	*
Facility	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	Hispanic	1,983	1,481	233	74.7	11.8
Facility	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	Multi-Race/Other	48	27	8	56.3	*
Facility	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	White	377	217	65	57.6	17.2
Facility	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	<b>TOTAL</b>	2,680	1,875	336	70.0	12.5
Facility	SAN GORGONIO MEMORIAL HOSPITAL	Hispanic	219	182	30	83.1	13.7
Facility	SAN GORGONIO MEMORIAL HOSPITAL	White	61	35	14	57.4	*
Facility	SAN GORGONIO MEMORIAL HOSPITAL	<b>TOTAL</b>	328	245	50	74.7	15.2

Data Source: Genetic Disease Branch, Newborn Screening Data, 2004

Note 1: Data shown only for facilities listed as 'Regular Maternity', 'Kaiser', 'Alternative Birth Center', 'Pediatric', and 'Military' in the newborn screening database.

Note 2: Infant race/ethnicity is based upon mother and father race/ethnicity as recorded on the birth certificate.

Note 3: Data for facilities and counties with fewer than 25 total births with known type of feeding are not shown.

Note 4: Percents of any and exclusive breastfeeding are not shown for fewer than 20 events.

Note 5: Numbers of any and exclusive breastfeeding are not shown for fewer than 5 events.

Note 6: "Any Breastfeeding" includes those exclusively breastfeeding and those supplementing breastfeeding with formula. "Exclusive Breastfeeding" includes those who breastfeed only.

Note 7: Breastfeeding initiation rates vary widely by maternal characteristics. Data presented in these tables are not risk adjusted. Comparisons between facilities or among geographic locations should be made cautiously.

Note 8: The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories describing 'all feedings since birth' (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hypreal and (5) Other.

Note 9: The denominator used to compute the percent any and percent exclusive breastfeeding data is "Total Known Feeding". Births with missing or unknown method of feeding are excluded. In 2004, 2.78% of all births in California had missing or unknown feeding data.